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ABSTRACT

According to Dr. Gorelick, "fictional literature has unique assets that live clinical experience lacks," thus setting the tone for his paper. Literature serves many purposes; a form of communication; a tool for making the reader understand her/his subjectivity; and most importantly for the mental health situations, "it (literature) represents the completed working out of a set of problems in a human life." The best type of therapy for the patient is one where the whole person concept is utilized, therefore making literature a very important tool exposing characters who deal with "growth stress, change, challenge and confrontation." Dr. Gorelick goes on to explain several methods of utilizing literature to aid in group therapy situations for problem-solving and the utilization of the whole person concepts. (Author)

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GREAT LITERATURE AS A TEACHING TOOL IN THE EDUCATION OF MENTAL HEALTH PROFESSIONALS

Abstract

According to Dr. Gorelick, "fictional literature has unique assets that live clinical experience lacks," thus setting the tone for his paper. Literature serves many purposes; a form of communication; a tool for making the reader understand her/his subjectivity; and most importantly for the mental health situations, "it (literature) represents the completed working out of a set of problems in a human life." The best type of therapy for the patient is one where the whole person concept is utilized, therefore making literature a very important tool exposing characters who deal with "growth stress, change, challenge and confrontation." Dr. Gorelick goes on to explain several methods of utilizing literature to aid in group therapy situations for problem-solving and the utilization of the whole person concepts.

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IN THE EDUCATION OF MENTAL HEALTH PROFESSIONALS

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I. The Uses of Literature

As a training experience, fictional literature has unique assets that live clinical experience lacks. Thus it nicely complements the latter in educating helping professionals who will utilize a knowledge of depth psychology and the human relationship as the helping instrument.

The interaction of reader with writing is a two-party interaction that is a paradigm of the one-to-one therapeutic relationship, but with significant differences.[FN 1] For example, the reader, as receiver of the communication, does not and cannot react upon the communicator or the communication, which is fixed in print. This is a valuable constraint on the beginner, whose anxiety about listening understandingly often leads him to speak prematurely. Most of us have been the caricature of the novice firing questions at a harassed patient as quickly as we can read them from the lists our teachers have provided, lest the silences put us in touch with our sense of doubt, insecurity, inexperience and ignorance. The written page is proof against this sort of abuse and helps the novice cultivate a comfortable listening attitude.

While the communication and communicator are fixed, the meanings received are by no means set. As one reads and re-reads with varying perceptions, associations and moods, meaning alters. Here is an excellent paradigm to reinforce the idea that meaning depends much on

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FN 1. Other paradigms have been used. Students have read, then witnessed, the performance of plays. (1) Professional actors have been used for role-playing. The trainees too have done role-playing, with and without sophisticated videotape techniques.(2)

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the receiver's subjectivity. This cardinal point, which cannot be overemphasized, is further highlighted in the group analytic method to be discussed later. But in just comparing his own responses over time, the learner who has not yet confronted his subjectivity in personal therapy, nor yet realized the importance in so doing, begins to appreciate the importance of knowing and calibrating himself as the instrument of his craft.

Another advantage of literature over live experience is this: not only is the communicator immune from assault by the trainee; the trainee too is protected. Unlike a live patient, a literary piece does not overwhelm with speed and directness. Instead it affords an opportunity to review and reflect.[FN 2] Not having to put energy into keeping defenses high, the trainee can put more into learning to listen artfully.[FN 3]

Though fixed on the page, literature has something of teeming life about it, or else it would hold no interest. After all, it is the product of the creative processes of a highly intelligent, sensitive, insightful, and intuitive human being grappling with his life. The

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FN 2. Videotape is another way to review at an emotional distance. With this technique one can split off a part of himself. Video is a very congenial medium for the generation weaned on television. It is an important teaching tool complementary to literature, especially for displaying nonverbal communication.
Literature, too, sends its taproots into early experience: the bedtime story, the fairy tale, etc.

FN 3. Literature is intended to complement, not replace, experience with live persons. Two sorts of the latter are available to the trainee. He can observe clinical demonstrations, which often leave him too detached. Or he can have his own patient. This is a must, though it stirs high anxiety.

created product captures and emits these qualities. Literature can present as living actuality that which the textbook petrifies in jargon. What textbook teaches, what student is taught, descriptions of this quality:

> "He stood with arms akimbo . . . He looked as if he had been cuffed, kicked, rolled in the mud . . . and he smiled with a sense of security at the faces around. His ears were bending down under the weight of his battered felt hat. The torn tails of his black coat flapped in fringes about the calves of his legs. He unbuttoned the only two buttons that remained and everyone saw that he had no shirt under it. It was his deserved misfortune that those rags which nobody could possibly be supposed to own looked on him as if they had been stolen. His neck was long and thin; his eyelids were red; rare hairs hung about his jaws: his shoulders were peaked and drooped like the broken wings of a bird . . . "? (3)

Or what chapter on alcoholism conveys this understanding:

> "At the same time he first realized that he was drunk. He was bitterly ashamed of himself, drunk at this time, at his father's very deathbed, when his mother needed him so bad as never before, and when he knew, for he had learned by now to take people's word for it, that he was really good for nothing when he was drunk. And then to feel so thirsty on top of that . . .
> . . . the voices of the women, soothing him, trying to quiet him, only added to his tears, the richness of his emotions, and his verbosity, and before long he had realized that this too was useful, and was using it."? (4)

Certainly literature has a vivid three-dimensional quality that textbooks lack. FN 4

The next relevant attribute of literature is its completeness.

FN 4. The late Dr. Ives Hendrick long ago recognized that the text could impede learning by offering formulae. He urged that psychiatry trainees take the patient as text.

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It represents the completed working out of a set of problems in a human life. Weeks, months and years of living and writing are condensed into hours of reading. A comparable unfolding is accessible clinically only with a long-term therapy experience. If the trainee does have time and chance to work with a patient at length, he could well emulate the writer's skill in producing a summary narrative. Conversely, we also wish the trainee to extrapolate untuitively from a limited experience with someone to the whole person, the whole life. This faculty will be sharpened on the student's repeated experience of observing how details and fragments of a story foreshadow the whole. This is beautifully illustrated in Kovel's analysis of Madame Bovary. (5

In a related vein: a piece of fiction deals with growth, stress, change, challenge and confrontation. Such works as James Baldwin's Go Tell It On the Mountain and Mary Renault's The King Must Die, with their images of death and rebirth which touch at the core of mental healing, are manifestly on this subject. The teacher could compose an "epigenetic sequence" of readings to illustrate developmental crises in the life cycle. For example, Mark Twain is a mine of information about the latency age-pubescent boy; D.H. Lawrence is invaluable on intimacy; etc. Such an approach would emphasize "normative crises", with their progressive and regressive forces, of which clinical crises are but a subset. This normative emphasis would counterbalance the prevailing pathology-centered view.

Literature is a source of material for virtually any psychological school or theory of personality. It is a source of personality

description of intra- and interpersonal dynamics, of psychopathology. These do not exhaust the possibilities of the raw material, just as no cognitive framework can contain all the raw stuff of existence. Newer ways of looking at literature psychologically do not concentrate on the psychology of a single person as represented in a fictional personage. Rather, they treat the work as a whole, and examine the interplay of content (personages, actions) and form (imagery, symbols, tone, rhythm and other elements of style) to arrive at the central theme of what it is all about, what is the "personality" of the literary piece.(7) All these elements are analyzed and resynthesized into an image of the issues the author is grappling with in that piece.(8) The process of using all available clues--the totality of the communication---to reconstruct a pattern of meaningful understanding is analagous to the clinical reconstruction that is our ultimate goal.

The foregoing\by no means exhausts what literature is nor how it can be used. Certainly its ability to involve the reader with his powers of intellect, feeling and imagination is important here. Another interesting attribute is its intermediate position between the person of the reader and the person of the author, between inner reality and outer reality, between symbol and thing. Applying an understanding of this special form of existence--technically called "transitional"--can add to our understanding of who writer and reader are, of why the writer writes, of why the reader reads.(9)

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II. The Small-Group Analytic Method

> "The ability to help a client know some of his more subtle messages, moods and feelings I think is determined by two factors. First is practice, practice at labeling feelings, especially interpersonal fears--finding words for the basic dimensions, the basic shapes, the general characteristics of gut level emotion. Second, and perhaps even more important, is the ability to overcome your own resistances to becoming involved in a psychologically intimate and meaningful way with another human being . . ." (2, p.10)

The small group setting actualizes the assets of literature discussed in the first section. The small group--six to twelve members-has been emerging as a significant social unit of our day, both inside and outside psychology and psychiatry. This unit seems to provide just the right blend of qualities for our current needs: it is a shelter offering support and protection and yet a platform for taking bold risks; it permits intimacy and yet anonymity.(10) As an example of the method in practice, I will discuss my work with fourth-year medical students spending four weeks at our psychiatric hospital.

Each week prior to the meeting they will have read a fiction or nonfiction piece--of manageable length (an important criterion!)--which I have chosen for its richness and aesthetic appeal. My taste bias is toward the acknowledged "great" writers. But one could effectively use any writer and any literary genre if one knew how to be creative with it. I once heard Dr. Roland Fischer make brilliant use of an inspired comic book!

The four pieces form a coherent sequence. One such is as follows:

1. "Case of a Neurologic Crisis in a Small Boy: Sam"(6,pp.24-38) This illustrates the "total field" concept, the boxes-within-boxes of a problem: the individual in whom the problem lodges and the ever-widening force fields of family, neighbors, society, culture, history etc. This reading also illustrates the concept of multi-determination of a behavior, the interpenetration of psyche and soma, the vicissitudes of a problem over time, and the strategy of psychoanalytically-oriented therapy.

2. "Loneliness of the Long Distance Runner"(11) amplifies several of the preceding issues, especially that of the impact of membership in the out-group. Also, since this story deals with a non-patient, it conveys the universality of the concepts learned. We also see here the "action at a distance" of the psyche, i.e. the effect on current behavior of memories and feelings long repressed.

3. "The Death of Ivan Ilych"(12) is about a medical patient and raises important issues for the student doctors. This story too illustrates the correspondences between bodily action and psychic meaning ("He died as he had lived."). This is an exercise in oscillating between manifest meaning (the illness) and latent meaning (Ivan's existential feelings).

4. We conclude with the "Autobiography of a Schizophrenice Experience"(13), an unusually lucid accoutn of the psychopathology and psychodynamics of the experience as lived by someone who was there and mastered it. This places that most terrible of terms, schizophrenia, back within the family of human individuation experiences.

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The group process is a free discussion which taps the flowing conscious and unconscious associations of all the members. The story content is a starting point to stimulate their own questions, concerns, feelings and attitudes. Fundamental and sophisticated questions such as "What is mental illness?" are raised. Differences among the members are especially important as the discussion of differences gives the student some objectivity about himself.(14) Much of this occurs, though, without our being a therapy or sensitivity group. A student may see that he is overly sensitive, or overly callous; that he is too skeptical or too gullible; that he demands too much certainty or too much ambiguity. In general, these students, struggling to master the medical model and using it as a bulwark against anxiety, need to be encouraged to tolerate ambiguity and uncertainty and to maintain the inquiring attitude. Their active participation and involvement in discussion contrasts with the dumb passive expressions often seen in the lecture hall.

My function as leader is to promote participation, interaction, to center the discussion on key issues, and to be didactic--this includes being didactic about the group process itself, such as pointing out when the subject is changed to avoid a charged issue. What occurs is "education" in the sense of drawing upon and drawing out what is already there in the form of natural endowment and the accumulated wisdom of years of living. Thereby, what Kagan has insightfully noted as the "feigning of clinical naivete"(2,p.34), is diminished. In the capacity I have mentioned, my role as a teacher closely parallels my

role as psychotherapist("the medium is the message"). The students have me as a model (and as a target!).

At the end of the session each group-as-a-whole has created its own unique interpretation of the work-as-a-whole. Each portrait is different, though with traits in common that I have supplied. The work-as-a-whole within the group-as-a-whole follows the model of a box-within-a-box. This structure is built of interlocking units of experiencing-and-examining and is cemented by feelings of working together in creative activity. The four weeks taken together are the next level in what I hope is an ever-amplifying harmonic of learning.

* * * *

I wish to express thanks to Dr. John Nemiah and Dr. Julius Silberger, who were early models: and to Dr. Daniel Cowell, who has given latitude and encouragement.

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